

ORGANIZATIONS PROVIDING ASSISTANCE TO
MARINES/SAILORS AND THEIR FAMILIES

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The Armed Forces Children's Fund, Inc. (AFCEF)

The purpose of this non-profit corporation is to be able to financially assist the educational needs of the surviving children of the U.S. Military men and women who lost their lives on or after October 7, 2001, the commencement of Afghanistan operations, as part of the global war on terrorism defined as "Operation Enduring Freedom".

Contact: Mailing Address: Armed Forces Children's Education Fund,
Inc.
P.O. Box 44524
Washington, DC 20026-4524
Fax: 1-309-420-4450
Email: www.afef.org

Services Provided:

Children: An educational fund for the children of fallen heroes has been established to provide financial assistance to families whose service member has died in support of Operation Enduring Freedom/Operation Iraqi Freedom.

Application Information:

Application forms are not yet available on-line. This situation should be rectified soon.

Angel Flight

This volunteer organization provides air transportation, free of charge, to patients and their families. They also provide flights in a national crisis or whenever there is a compelling human need, including the transportation of organs and blood.

Contact: Angel Flight West
Jim Weaver, Executive Director
3237 Donald Douglas Hoop
Santa Monica, CA 90405
Telephone: (310) 390-2958
Mission Coordination:
Cheri Cimmarrusti
Telephone: (888) 4-AN-ANGEL
(888) 426-2643
E-mail: oordination@angelflight.org
1-800-446-1231 (national hotline)
E-mail: angelflightamerica.org

Services Provided:

Marines, Families, Children: Free air transportation for critically injured/ill family members and for Marines, family members with other transportation needs. When requesting a flight, please allow 3-5 days for mission coordinators to successfully find a volunteer pilot or identify another appropriate transportation source.

Application Information:

To request flights, please call 1-800-446-1231/1-877-621-7177.

The Clint Black Foundation

Country singer Clint Black's Foundation has set up a fund to benefit the families of fallen soldiers. Clint Black is providing all the necessary administrative costs in order to ensure that 100% of the proceeds will go to the families. The Foundation will provide funds directly to the families of fallen soldiers who are in need.

Contact: The Clint Black Foundation c/o Gudvi, Sussman, & Oppenheim
Telephone: (615) 320-9161
Fax: (615) 321-2773
E-mail: csussman@gsogroup.com

Services Provided:

Families: The families must complete an Assistance Request Form which requires an explanation and details of monetary needs including past, present, and future needs along with clarification of specific hardships faced or facing since time of Service Member's death. The Foundation also needs to know the families' relationship to the soldier, number of children, and also the soldier's name, rank, and branch of service.

Application Information:

Application For Financial Aid Form must be completed and faxed to Foundation.

APPLICATION FOR FINANCIAL AID

SIGNATURE OF APPLICANT: _____

Fallen Heroes Last Wish Foundation

Families of fallen service members receive limited survivor benefits and, as a result, often endure great hardship. The Fallen Heroes Last Wish Foundation has been established to provide financial relief for the families and children of the fallen.

Contact: Telephone: (805) 962-7843, press 7
E-mail: fhlwf@ghs.com

Services Provided:

Families, Children: This organization is dedicated to providing families with additional money to supplement the U.S. government's military death benefits. A \$5,000 "no strings attached" grant is awarded per child.

Application Information:

Fallen Heroes Last Wish Foundation Application Form must be completed and mailed to: Fallen Heroes Last Wish Foundation
30 West Sola Street
Santa Barbara, CA 93101



Fallen Heroes Last Wish Foundation Grant Application

Page 1 of 2

Please sign this application on the bottom of page two. Attach a photocopy of the front and back of your Military Privilege Card, a copy of the death certificate or other military notification of death, and a family photo that includes child (or children) listed below and mail to:

**Fallen Heroes Last Wish Foundation
30 West Sola Street
Santa Barbara, CA 93101**

Your Information

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Children (under 18 years old) who qualify as a dependent of the Fallen Hero for military purposes and who are currently under your legal custody:

Full Name: _____ Age: _____

Full Name: _____ Age: _____

Full Name: _____ Age: _____

Full Name: _____ Age: _____

Fallen Hero's Information

Name: _____

Your relation to Fallen Hero: _____

Military Branch: _____ Rank: _____

Date and Event Resulting in Loss: _____

Casualty Assistance Officer Name and Phone#: _____

Other Information

Please provide contact information for at least two other family members of the Fallen Hero.

Name: _____ Address: _____

Phone: _____ Relation: _____

Name: _____ Address: _____

Phone: _____ Relation: _____



Fallen Heroes Last Wish Foundation

Grant Application

page 2 of 2

In consideration of my family's receipt of funds from the Fallen Heroes Last Wish Foundation, and on behalf of my minor children and me, I hereby authorize the foundation and its employees, agents, licensees, successors and assigns, and each of them (collectively "Fallen Heroes") to take pictures and interview my family and me and to put media representatives in contact with me to take pictures and conduct such interviews, to further the charitable purposes of Fallen Heroes, in accordance with the terms specified below.

On my own behalf and on behalf of my minor children, I hereby:

- grant to Fallen Heroes, to the fullest extent possible under law, all right, title, and interest in and to any photographs, pictures, likenesses, recordings, transmissions, interviews, studies, publicity, advertising and promotional material, and all other expression or work created under this Agreement, including without limitation the right to use, re-use, publish, distribute, reproduce, display, modify, and create derivative works based on all work or expression created under this Agreement, in all media now known or hereafter developed or invented.
- authorize Fallen Heroes to use my and/or their names, signatures, photographs, pictures, physical likenesses, and recordings of my and/or their voices in any manner desired by Fallen Heroes, on and in connection with any work or expression created under this Agreement, including but not limited to use in and for studies, illustrations, publicity, advertising, and promotions.

Neither I nor my minor children shall have any right, title, or interest in any of the foregoing, including but not limited to any rights to register, hold, and renew any copyright for or incorporating any such creations.

I agree that any photograph that I provide to Fallen Heroes may be used under the terms of this Agreement as if it had been taken by Fallen Heroes.

Fallen Heroes may sell, assign, license, or otherwise transfer all rights granted to it hereunder in furtherance of its charitable purposes.

On my own behalf and on behalf of my minor children, named, I fully and forever release and discharge Fallen Heroes of and from any and all claims, demands, actions, causes of action, suits, controversies, and liabilities of every kind and nature accruing to me or to them and arising directly or indirectly from the use of my and/or their names, signatures, photographs, pictures, physical likenesses, or recordings or my and/or their voices. In addition, I agree that the rights released by me and by the minor children named in this application include, without limitation, all rights under California Civil code sections 3344 and 3344.1, all claims based on the right to publicity of living persons and survivors of deceased persons, and all claims based on invasions of privacy, libel, slander, and infringement of copyright.

I understand and agree that this Agreement shall be effective and binding upon me and my minor children forever from the date hereof, and that it shall be applicable throughout the world.

I have read and understood all of the above, and I agree to all of its terms, on my own behalf and on behalf of my minor children.

Signature _____ Date _____

Fallen Patriot Fund

The Fallen Patriot Fund was established by Dallas Mavericks' owner Mark Cuban to help families of the U.S. military personnel who were killed or seriously injured during Operation Iraqi Freedom.

Contact: Telephone: (214) 748-3900
E-mail: www.fallenpatriotfund.org

Services Provided:

Families: Dallas Mavericks' owner Mark Cuban's foundation matches contributions up to \$1 million. Families can apply for assistance by filling out a short application describing their income and outgoing expenses. The only criteria are need.

Application Information:

The Fallen Patriot Fund grant application must be completed and mailed to: Fallen Patriot fund
C/o Bank of America Private Bank
TX1-492-19-09
P.O. Box 832409
Dallas, TX 75283-2409

Application for Grant

FALLEN PATRIOT FUND

Entire form must be completed

Date: _____

Name: _____

SSN: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Email _____

Address: _____

Applicants Highest Level of Education Completed: _____

PURPOSE OF REQUEST: (you may attach additional information)

Military Life Insurance _____ Amount \$ _____

Beneficiaries _____

Military VA Benefits _____ Monthly Amount \$ _____ SS Benefits _____ Monthly Amount \$ _____

Other Benefits Available To Family: _____ Life Insurance _____ Social Security _____ Other _____

If Other Please Specify: _____

NAME OF SOLDIER: _____

YOUR RELATION TO SOLDIER: _____

LIST OF CONTACT INFORMATION FOR OTHER FAMILY MEMBERS:

Name:

Name:

Name:

Address:

Address:

Address:

Phone:

Phone:

Phone:

Email:

Email:

Email:

Military Branch: _____ Air Force _____ Army _____ Coast Guard _____ Marines _____ Navy _____

Rank: _____

EVENT OF LOSS: _____

Please attach death certificate or military notification of loss if submitting a request for a soldier killed in the line of duty

Please Mail the completed application to:

Fallen Patriot Fund

c/o Bank of America Private Bank

TX1-492-19-09

P.O. Box 832409

Dallas, TX 75283-2409.

The Fallen Patriot Fund of the Mark Cuban Foundation was Established to help families of U.S. military personnel who were killed or seriously injured during Operation Iraqi Freedom. Financial resources are vital to enhancing the sustainability of the family unit who has suffered a loss because their loved one sacrificed him/herself for freedom. Within that group, grant recipients will be selected in accordance with

criteria established by The Mark Cuban Foundation. All proceeds will be disbursed.

Fisher House Foundation, Inc.

This foundation provides free airline tickets (in conjunction with Northwest Airlines and 700 ticket donations from Anheuser-Busch) and lodging at one of their "comfort homes" for families of service members injured in Iraq, Afghanistan, and the surrounding area. There are 2 houses in Bethesda, 2 in Landstuhl, Germany, and 1 in San Diego. All houses are near major medical military centers. It also administers the Scholarships for Military Children Program. This program was created in recognition of the contributions of military families to the readiness of the fighting force and to celebrate the role of the commissary in the military family community.

Contact: Telephone: (301) 294-8560/1-888-294-8560
E-mail: Info@FisherHouse.org

Services Provided:

Families: The Foundation provides a "Home Away From Home" near military medical centers for families experiencing a personal medical crisis.

Children: The Foundation administers a \$1500 scholarship at each commissary location which can be used for payment of tuition, books, lab fees, and room and board.

Application Information:

A Scholarship for Military Children Program application form must be completed and should be returned to the local commissary of the applicant. Applications for FY04 are closed. New applications will be available in January 2005. A copy of the 2004 scholarship application is included in this packet for informational purposes.

For airline tickets and/or lodging at a Fisher House, please 1-888-294-8560 or (301) 294-8560.



SCHOLARSHIPS FOR MILITARY CHILDREN PROGRAM
2004 SCHOLARSHIP APPLICATION
www.militaryscholar.org



Program Description:

Commissaries are an integral part of the Quality of Life offered to service members and their families. The Fisher House program provides "A Home Away from Home" for families experiencing a personal medical crisis and is one of the premiere quality of life organizations supporting military families. The Scholarships for Military Children Program was created to recognize the contributions by military families to the readiness of the fighting force and celebrate the role of the commissary in the military community. It is the intent of the program that a scholarship funded through contributions will be awarded annually for each commissary operated by the Defense Commissary Agency. The Defense Commissary Agency and Fisher House Foundation, Inc. wish to thank commissary business partners and other contributors for their generosity in funding the Scholarships for Military Children Program.

Conditions of Eligibility:

Unmarried children (under the age of 23) of active duty, Reserve/Guard and retired military personnel may apply for a Scholarship for Military Children. Eligibility, including survivors of deceased members, will be determined using the DEERS (Defense Enrollment Eligibility Reporting System) database. Applicants should ensure that they, as well as their sponsor, are currently enrolled in the DEERS database and that they have a current ID card. Applicants can verify if they are enrolled in DEERS by going to www.dmdc.osd.mil and entering their social security number, date of birth, and last name.

Applicants must be enrolled, or planning to enroll, full-time in the fall of 2004 in an undergraduate program of studies leading to a Bachelor's Degree at an accredited college or university. They must have a minimum cumulative grade point average of 3.0 (on a 4.0 basis).

Applicants who receive an appointment to one of the US Military Academies (or affiliated preparatory schools) or are awarded a full scholarship at any accredited US post-secondary institution of higher education are not eligible to receive funds from this program. A full scholarship is usually defined as one that provides for payment of tuition, books, lab fees, and room and board. Further, no scholarships will be awarded to those pursuing an associate degree as their final degree, second undergraduate, or graduate school degree.

Applicants who attend or plan to attend a Community or Junior College with the express purpose of earning an Associate Degree are ineligible to receive a scholarship. Students attending a community or junior college must be enrolled in a program of studies designed to allow the student to transfer directly into a four-year program.

Excepting extremely unusual circumstances, the awards cannot be deferred for future use; the awards must be used for educational expenses incurred during the 2004-2005 Academic Year.

The awards are made without regard to race, creed, color, sex, religious belief, national origin, rank or service of the sponsor.

This program is independently administered by Scholarship Managers (SM) a non-profit scholarship service organization which has no connection to the Defense Commissary Agency or the Fisher House Foundation. SM is solely responsible for the selection of scholarship recipients and its decisions are final.

PLEASE REMEMBER:

- ❖ Applicants who submit an application at more than one commissary will be disqualified from consideration for a scholarship. It is your responsibility to ensure that your application is received at a commissary by close of business, February 18, 2004. See the "locations" link at www.commissaries.com for a store list.
- ❖ The applicant's sponsor must be a member of, or retired from, the Army, Marine Corps, Navy, Air Force or Coast Guard (or a deceased member). Children of civilian employees, US Public Health Service Officers, or NOAA are ineligible to receive a scholarship (unless they are otherwise qualified as identified on page 1).
- ❖ Applicants must provide their permanent home address, not their college address, on the front page of the application. It is the applicant's sole responsibility to notify SM of any change of address.
- ❖ SM is solely responsible for the selection of scholarship recipients and its decisions are final.
- ❖ SM will notify recipients by letter on or about May 1, 2004. Scholarship grant checks are mailed NLT July 31, 2004.
- ❖ Non-recipients will not be notified. Applicants should check www.militaryscholar.org for a list of winners.
- ❖ Should you have any questions about the Scholarships for Military Children Program application, please call Scholarship Managers at (856) 573-9400, FAX (856) 573-9799 or email militaryscholar@scholarshipmanagers.com. Additional information is available from the Frequently Asked Questions (FAQs) at www.militaryscholar.org

Checklist:

1. I have enclosed a transcript or copy of my grades with my application.
2. I have enclosed my essay with my name and Social Security number on each page.
3. I have enclosed a recommendation.
4. My parent or guardian (the sponsor) has signed the application.
5. I have signed the application.
6. My high school College Board Code # (if available) is on the application.
7. I have kept a copy of my application and essay.

<input type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>

The following 2 page application, along with your essay, transcript, and recommendation must be returned to the:



CUSTOMER SERVICE DESK/CASHIER'S OFFICE
AT YOUR LOCAL COMMISSARY

NO LATER THAN FEBRUARY 18, 2004
A POSTMARK DATE IS **NOT** ACCEPTABLE



PLEASE DO NOT SUBMIT THIS OR THE PRECEDING PAGE

PLEASE RETURN THIS, AND THE FOLLOWING PAGE, TOGETHER WITH YOUR ESSAY, TRANSCRIPT, AND
RECOMMENDATION TO YOUR LOCAL COMMISSARY NO LATER THAN FEBRUARY 18, 2004.
PLEASE DO NOT E-MAIL THIS APPLICATION OR SUBMIT THE FIRST TWO DESCRIPTIVE PAGES



SCHOLARSHIPS FOR MILITARY CHILDREN PROGRAM
2004 SCHOLARSHIP APPLICATION
www.militaryscholar.org



Applicant Data:

Ms. ☐

Mr. ☐

Social Security Number _____ - _____ - _____

Last Name _____ First Name _____ MI _____ Email _____

Home Street Address _____ Home Tel # (____) _____ - _____

City _____ State _____ Zip Code _____ - _____

Commissary Information: (To be completed by Commissary official)

Commissary Name _____ City/State – APO _____

DODAAC

Student/Sponsor Certification:

We certify that, to the best of our knowledge, all responses are true and factual, and the sponsor, as well as the applicant, possesses a valid DD Form 2 or DD Form 1173 United States Uniformed Services Identification Card and is enrolled in DEERS. We also agree that, if the applicant is selected as a recipient, any and all information submitted with this application (including photos when submitted at a later date) may be used for purposes of news and publicity by the Scholarships for Military Children Program, the Defense Commissary Agency, Fisher House Foundation, Scholarship Managers and all current and future promotions of this program.

Signature of Applicant _____ Signature of Sponsor _____

Printed or typed names of Applicant and Sponsor

Applicant _____ Sponsor _____

Social Security Number of Sponsor (required for DEERS verification of dependent): _____

High School Data: Cumulative GPA (on a 4.0 basis) This must be converted from numerical or letter grades.

College Board Code # (May be obtained at the guidance office)

Name _____

Street Address _____ Tel # (____) _____ - _____

City _____ State _____ Zip Code _____ - _____

Principal's Name _____ Email _____

College Data: Cumulative GPA (on a 4.0 basis) This must be converted from numerical or letter grades.

Please list the undergraduate US college/school you attend or the colleges/schools where you have applied.

Name _____ City _____ State _____ Zip Code _____

Name _____ City _____ State _____ Zip Code _____

Major _____ Graduation Date (mm) (yyyy) _____ Degree AA ☐ BA ☐ BS ☐

Community Service and Co-Curricular Activities Data:

Please include information that relates to activities occurring during the last 4 years; either in high school – grades 9 through 12 and/or at an undergraduate college/school.

Activity/Organization	Grade Level	Positions Held	Honors/Awards

Employment Data:

Employer	Position Held	From: Month/Year	To: Month/Year	Hours Worked per week

Recommendation and Transcript

High school students must obtain a recommendation from a teacher (high school or home school), a guidance counselor, or principal OR in the case of college students, a college counselor or professor. All applicants must also submit a transcript or copy of their grades (unofficial transcripts are acceptable). The recommendation and transcript may be in sealed and separate envelopes but they **MUST BE SUBMITTED WITH THIS APPLICATION.**

ESSAY: Please write an essay on the topic “What aspect of military life has had the greatest impact on you?” (Please avoid submitting an essay which amounts to a resume or listing of where you have lived or traveled.) The essay must be 500 words or less, typewritten or computer-generated, double spaced, no longer than 2 pages and stapled to this application. Please place your social security number and name in the upper right hand corner of each page of the essay.

PLEASE RETURN THIS, AND THE PRECEDING PAGE, TOGETHER WITH YOUR ESSAY, TRANSCRIPT/COPY OF YOUR GRADES,
AND A RECOMMENDATION TO YOUR LOCAL COMMISSARY
NO LATER THAN WEDNESDAY, FEBRUARY 18, 2004.

PLEASE DO NOT E-MAIL THIS APPLICATION OR SUBMIT THE FIRST TWO DESCRIPTIVE PAGES

This program is independently administered by Scholarship Managers (SM)
Voice (856) 573-9400 FAX (856) 573-9799 email militaryscholar@scholarshipmanagers.com

Community Service and Co-Curricular Activities Data:

Please include information that relates to activities occurring during the last 4 years; either in high school – grades 9 through 12 and/or at an undergraduate college/school.

Activity/Organization	Grade Level	Positions Held	Honors/Awards

Employment Data:

Employer	Position Held	From: Month/Year	To: Month/Year	Hours Worked per week

Recommendation and Transcript

High school students must obtain a recommendation from a teacher (high school or home school), a guidance counselor, or principal OR in the case of college students, a college counselor or professor. All applicants must also submit a transcript or copy of their grades (unofficial transcripts are acceptable). The recommendation and transcript may be in sealed and separate envelopes but they **MUST BE SUBMITTED WITH THIS APPLICATION**.

ESSAY: Please write an essay on the topic “What aspect of military life has had the greatest impact on you?” (Please avoid submitting an essay which amounts to a resume or listing of where you have lived or traveled.) The essay must be 500 words or less, typewritten or computer-generated, double spaced, no longer than 2 pages and stapled to this application. Please place your social security number and name in the upper right hand corner of each page of the essay.

PLEASE RETURN THIS, AND THE PRECEDING PAGE, TOGETHER WITH YOUR ESSAY, TRANSCRIPT/COPY OF YOUR GRADES,
AND A RECOMMENDATION TO YOUR LOCAL COMMISSARY

NO LATER THAN WEDNESDAY, FEBRUARY 18, 2004.

PLEASE DO NOT E-MAIL THIS APPLICATION OR SUBMIT THE FIRST TWO DESCRIPTIVE PAGES

This program is independently administered by Scholarship Managers (SM)
Voice (856) 573-9400 FAX (856) 573-9799 email militaryscholar@scholarshipmanagers.com

Freedom Alliance

The mission of Freedom Alliance, founded by LtCol Oliver North, is to advance the American heritage of freedom by honoring and encouraging military service, defending the sovereignty of the United States and promoting a strong national defense.

Contact: Telephone: (703) 444-7940
1-800-475-6620
E-mail: www.freedomalliance.org

Services Provided:

Children: Students are eligible if they are the dependent child of an active duty service member who died, or was permanently disabled (100% rating) in the line of duty, or who is currently certified as POW or MIA. The applicant must also be a senior in high school, a high school graduate, or enrolled in an institution of higher learning, including colleges, universities or vocational schools.

Application Information:

The Freedom Alliance Scholarship Application for the 2004-2005 academic year must be completed and returned no later than June 30, 2004. The mailing address is: Freedom Alliance Scholarship Fund
22570 Markey Court, Suite 240
Dulles, Virginia 20166-6915

Applicant Please Fill In:

Last Name

First Name

MI

**FREEDOM ALLIANCE
SCHOLARSHIP FUND**



SCHOLARSHIP APPLICATION

2004 – 2005 ACADEMIC YEAR

DEADLINE: JUNE 30, 2004

FREEDOM ALLIANCE SCHOLARSHIP FUND

The mission of Freedom Alliance is to advance the American heritage of freedom by honoring and encouraging military service, defending the sovereignty of the United States, and promoting a strong national defense. One of the ways we carry out our mission is by providing financial assistance in the form of **Freedom Alliance Scholarships** to deserving sons and daughters of soldiers, sailors, airmen, and Marines who have been killed or permanently disabled (100% VA disability rating) in the line of duty, or who are currently classified as a Prisoner of War (POW) or Missing in Action (MIA). **[NOTE: "In the line of duty" means while performing assigned duties during times of war or during military training. Dependents of someone who was killed or disabled on their "off-duty" time (i.e. an evening, weekend or while on leave) are not eligible. The disability must be permanent, service-connected, and rated at 100% by the Department of Veterans Affairs.]**

ELIGIBILITY:

One-year scholarships are awarded annually and are limited to undergraduate studies at accredited educational/technical institutions. Scholarships are automatically renewable providing the recipient remains a full time student and maintains an acceptable grade point average of 2.00/4.00 scale. **CURRENT SCHOLARSHIP RECIPIENTS MUST APPLY FOR EACH SUCCESSIVE YEAR DEMONSTRATING THEY ARE MEETING THE PREVIOUSLY STATED CRITERIA.** The Freedom Alliance Scholarship Fund will grant no more than four (4) annual scholarships to a recipient.

1. Eligible applicants must be:

- A. The **dependent family member (son/daughter)** of a soldier, sailor, airman, or Marine who was killed or permanently disabled (100% VA disability rating) in the line of duty; or,
- B. The **dependent family member (son/daughter)** of a soldier, sailor, airman, or Marine who is currently classified as a POW or MIA; and,
- C. A high school senior, high school graduate or registered as an undergraduate student at an accredited college or post high school vocational/technical institution. **Scholarship awards are not available for graduate study.**

2. PARENTS' COMBINED TOTAL INCOME CANNOT EXCEED \$65,000 annually.

REQUIREMENTS: TYPE OR PRINT LEGIBLY **all** information requested on the pages to follow. Even if the information requested is contained somewhere in the documents you enclose with your application, you still must write your answers on the application form. Write "NA" if information requested on the application form is not applicable to you.

1. FINANCIAL STATEMENT:

Submit a **signed** copy of your parents' 2003 Federal Income Tax Return. **IN THE CASE OF DIVORCED or SEPARATED PARENTS, THE INCOMES OF BOTH PARENTS ARE REQUIRED.** Independent students must submit a signed copy of their 2003 Federal Income Tax Return in addition to their parents' returns. (Please note the scholarship requirement stated above that your parent's combined incomes cannot exceed \$65,000 annually for you to be eligible for a scholarship from the Freedom Alliance Scholarship Fund.)

The Scholarship Fund exists to help college children of deceased/permanently disabled or POW/MIA service members. Because of our limited financial resources, we cannot, unfortunately, help everyone who applies. In order to determine the degree of need, it is essential to know your parents' ability to financially assist you. Therefore, even if you are not now receiving financial support from one or both of your parents, you must still provide information about their financial resources for scholarship consideration.

2. CERTIFICATE OF SERVICE/DEPENDENCY:

- A. Please enclose a copy of your parent's Certificate of Death (Form DD1300), certificate of disability (showing 100% VA disability rating), or documentation of POW or MIA classification.
- B. A photocopy of your current valid dependent's ID card must be enclosed if you have one.

3. ESSAY:

Submit an essay (500 to 750 words) stating why you are deserving of this scholarship and what your parent's service means to you.

4. SCHOLASTIC RECORD:

Submit an official transcript from high school and from all post high school educational institutions. This must be included with your application. Please **DO NOT** mail it separately or have the school mail it separately.

5. LETTERS OF REFERENCE/RECOMMENDATION:

Please enclose a minimum of two originally signed letters of reference or recommendation. At least one letter should be from one of your current or former teachers. Others may be from people of your choosing, e.g., school administrators, coaches, scouting, church, or other community leaders, employers, etc. Letters of recommendation must be written on official letterhead and include the title/position of the individual in the signature block.

6. PHOTO OF APPLICANT:

Submit with your application a photo of yourself -- preferably a senior picture or yearbook-type of photo -- that is of good quality which will be used for publicity if you are selected as a scholarship winner. Please write your name on the back of your photo and include a note to let us know if it must be returned.

DEADLINE FOR SUBMISSION: June 30, 2004

Your **complete application** with all supporting documents must be postmarked not later than **June 30, 2004**. Applications postmarked after June 30 will be rejected.

COMPLETED APPLICATIONS:

All information must be submitted in **one envelope at one time only**. It is imperative that all questions be completed, and the Certification signed and dated by the applicant and a parent. **THE SCHOLARSHIP COMMITTEE WILL NOT CONSIDER INCOMPLETE APPLICATIONS.** Any additional information relative to your application, which you believe would be of assistance in our evaluation of your application may also be submitted.

HELPFUL HINTS:

Where can I get copies of military or death or disability records? Contact the U.S. Department of Veterans Affairs, County or State Veterans Service Officers, or local military recruiters for assistance.

Section I

APPLICANT INFORMATION: Please TYPE or PRINT LEGIBLY. All blanks must be filled in -- even if the information requested is included in the enclosures to your application. Write "NA" where not applicable.

Last Name First MI Social Security Number

Home Address City State Zip Home Telephone E-Mail Address

Marital status: ____ Single ____ Married ____ Separated ____ Divorced / ____ Male ____ Female

Are you currently a high school senior? ____ Yes ____ No Your date of birth: _____

SAT Score: _____ ACT Score: _____ High School GPA: _____ High School Class Rank: _____ / _____

If you are now in college, what is your cumulative GPA? _____ As of (date): _____

Name of high school now attending or from which you graduated City State Year of Graduation/GED

College/School you will attend in Fall 2004: _____ City & State: _____

Expected enrollment status: ____ Full-time Major _____

College grade level you will enter in Fall of 2004: ____ Freshman ____ Sophomore ____ Junior ____ Senior

College, vocational, or technical school(s) previously attended: (Enclose transcripts for all.)

School	City & State	From	To	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scholastic Honors/Distinctions: _____

Other Honors/Awards: _____

(Use and attach a separate sheet of paper if needed.)

Extracurricular activities in school (e.g., clubs, honor societies, band, sports, etc.): _____

Extracurricular activities outside of school (e.g., community, church, social club, scouting, etc.): _____

Applicant's current/prior military service: _____ I have no prior service _____ I have prior service. **My DD214 is enclosed.**

_____ I am currently serving in the _____ (e.g.: Regular, Reserve, National Guard)

Note: If the applicant is currently serving in the Regular or Reserve forces, or the National Guard, a signed statement of service on official letterhead of the unit or organization must be enclosed with this application.

Prior applications:

Have you previously applied to the Freedom Alliance Scholarship Fund for a scholarship?

_____ **YES** _____ **NO** **If YES, what year(s) did you apply?** _____

If YES, were you awarded a scholarship/scholarships? _____ **YES** _____ **NO**

List the names of any family members who have received scholarships from Freedom Alliance:

Your estimated 2004 - 2005 academic year expenses and estimated financial aid you'll receive:

**Your estimated
2004-2005 academic year
expenses for the following:**

Tuition	\$ _____
Fees	\$ _____
Books	\$ _____
On/Off Campus Room & Board	\$ _____
Personal & Transportation	\$ _____
Other _____	\$ _____
TOTAL	\$ _____

**Other grants, awards, scholarships & student
Loans confirmed, or that you expect to receive,
For the 2004-2005 academic year:**

Pell Grant	\$ _____
SEOG	\$ _____
State Grant	\$ _____
Other Scholarships	\$ _____
VA Benefits	\$ _____
Other _____	\$ _____
TOTAL	\$ _____

Where will you live during the 2004-2005 academic year?

_____ **On Campus** _____ **Off Campus** _____ **With Parents**

Describe summer employment you have held, what you did, and how many hours per week you worked: _____

Describe employment you've held or plan to hold during the academic year (i.e. where, position, how many hours, etc.): _____

Section II

FATHER'S INFORMATION

Name: _____
Last First M. I.

Address: _____

City & State Zip

Date of birth: _____ SSN: _____

If father is deceased, please check: _____

If living, current marital status:

____ Single ____ Married
____ Separated ____ Divorced ____ Widower

If father's surname is different than applicant's surname,

Please explain. _____

Father's highest military rank: _____

Father's military service: (Branches and dates)

Months of active / reserve duty: _____ / _____

Major units (Wings, Divisions) where assigned and dates/
Location of combat tour(s), units served with in combat:

Type of discharge: _____

Medals received (list combat "V")

Purple Heart(s) _____ POW? _____

KIA? _____ MIA? _____

MOTHER'S INFORMATION

Name: _____
Last First M. I.

Address: _____

City & State Zip

Date of birth: _____ SSN: _____

If mother is deceased, please check: _____

If living, current marital status:

____ Single ____ Married
____ Separated ____ Divorced ____ Widowed

If mother's surname is different than applicant's surname,

Please explain. _____

Mother's highest military rank: _____

Mother's military service: (Branches and dates)

Months of active / reserve duty: _____ / _____

Major units (Wings, Divisions) where assigned and dates/
Location of combat tour (s), units served in combat:

Type of discharge: _____

Medals received (list combat "V")

Purple Heart(s) _____ POW? _____

KIA? _____ MIA? _____

Freedom Alliance scholarship applicants must be dependents of service members who were killed or permanently disabled in the line of duty (VA disability rating of 100%), or who are classified as MIA or POW. (See "Note" in first paragraph of rules for further clarification of eligibility.) Please describe the circumstances of your parent's death or disability in order that we may understand what happened, when and where. (If more room is needed, please attach a separate sheet of paper. Additionally, please note the requirement that a certificate of death/disability or POW/MIA status must also be provided as defined in the instructions.)

SECTION III

PARENT'S FINANCIAL INFORMATION

Please note the scholarship eligibility rule that parent's income may not exceed \$65,000 annually. As per the instructions, a copy of the parent's signed 2003 tax return must be enclosed with this application. Even though this tax information is enclosed, please enter the information requested in the blanks below.

	FATHER	MOTHER	PARENTS JOINTLY
Adjusted Gross Income (from Tax Return)	_____	_____	_____
Tuition Benefits from Employer	_____	_____	_____
Savings or other resources	_____	_____	_____
Parental Student Loan(s)	_____	_____	_____
Veteran's Benefits	_____	_____	_____
Number of Dependents in College			
Other than applicant (2004-2005)	_____	_____	_____

Exceptional circumstances: Are there any unusual expenses, such as high medical or dental expenses, other debt, child care, elder care, or other special conditions that you believe should be taken into account by the scholarship committee? If so, please check here _____ indicating that an explanation is attached on a separate sheet of paper.

Publicity about award winners:

Freedom Alliance publicizes its scholarship award winners through our newsletters and web site and through press releases sent to student's local newspapers, radio stations and Members of Congress. Please provide the following information for notifications if you are selected a scholarship winner:

Name and address of your most widely read local community newspaper(s): _____

Call letters and addresses of local news/talk radio stations(s): _____

Name of your U.S. Congressman: _____

Name of your U.S. Senators: _____

How did you hear about the Freedom Alliance Scholarship Fund?

___ Guidance Counselor ___ College Financial Aid Office ___ Internet/Web (Specify web site) _____

___ Newspaper or Magazine ___ Radio or TV ___ Member of Congress ___ Family Member or Friend

___ Other (Please explain) _____

SECTION III

PARENT'S FINANCIAL INFORMATION

Please note the scholarship eligibility rule that parent's income may not exceed \$65,000 annually. As per the instructions, a copy of the parent's signed 2003 tax return must be enclosed with this application. Even though this tax information is enclosed, please enter the information requested in the blanks below.

	FATHER	MOTHER	PARENTS JOINTLY
Adjusted Gross Income (from Tax Return)	_____	_____	_____
Tuition Benefits from Employer	_____	_____	_____
Savings or other resources	_____	_____	_____
Parental Student Loan(s)	_____	_____	_____
Veteran's Benefits	_____	_____	_____
Number of Dependents in College			
Other than applicant (2004-2005)	_____	_____	_____

Exceptional circumstances: Are there any unusual expenses, such as high medical or dental expenses, other debt, child care, elder care, or other special conditions that you believe should be taken into account by the scholarship committee? If so, please check here _____ indicating that an explanation is attached on a separate sheet of paper.

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Name of your U.S. Congressman: _____

Name of your U.S. Senators: _____

How did you hear about the Freedom Alliance Scholarship Fund?

___ Guidance Counselor ___ College Financial Aid Office ___ Internet/Web (Specify web site) _____

___ Newspaper or Magazine ___ Radio or TV ___ Member of Congress ___ Family Member or Friend

___ Other (Please explain) _____

NOTE: Applications will not be considered by the scholarship committee unless all required materials listed below accompany the application package. Please check off that each item is enclosed.

_____ **Certificate of Death/Disability or Proof of POW/MIA Status** as defined in the instructions

_____ **Proof of Dependency** as defined in the instructions

_____ **Signed copy of all financial forms**

_____ **500 to 750 word essay** as explained in the instructions

_____ **Official transcripts** from high school and all post-high school educational institutions

_____ **Photo of applicant**

_____ **Minimum of two letters of reference/recommendation** as explained in the instructions

**CERTIFICATION
(MUST BE SIGNED BY APPLICANT AND ONE PARENT)**

All the information provided in this application is true and complete to the best of our knowledge.

Applicant's Signature

Date

Parent's Signature

Applicant's Printed Name

Date

Parent's Printed Name

Return this application, together with all accompanying materials, postmarked on or before June 30, 2004 to:

Freedom Alliance Scholarship Fund

22570 Markey Court, Suite 240

Dulles, Virginia 20166-6915

Telephone: 800-475-6620

Web site: www.freedomalliance.org

Intrepid Fallen Heroes Fund

The Intrepid Fallen Heroes Fund provides scholarships and financial assistance to families of military personnel who have given their lives in defense of the United States. The Intrepid Fallen Heroes Fund is supported entirely by donations. 100% of contributions from the public for this effort go to support military families; no administrative costs are deducted. The Intrepid Fallen Heroes Fund works in coordination with the main Casualty Offices of the United States Armed Forces in obtaining release forms and determining eligibility for support. Upon receiving confirmation from the armed forces casualty offices that a member of the armed forces has been killed in action during Operation Enduring Freedom/Operation Iraqi Freedom, and that the member has left behind a spouse or dependent child/children, the Fund will process a contribution to the family. The contribution will be forwarded to the casualty office of the member's branch of service, who will, in turn, forward the contribution to the family.

Contact: Corinne Matier

Telephone: 1-212-957-7022

E-Mail: cmatier@intrepid-foundation.org

Lisa

Telephone: 1-212-957-7329

David A. Winters

Telephone: 1-212-957-7024

E-mail: dwinters@intrepid-foundation.org

Services Provided:

Spouses, Children: \$10,000 tax-free checks are issued to spouses; \$5,000 tax-free checks are issued to each dependent child. Scholarship funds, in cooperation with Anheuser-Busch (who donated \$1 million), in the amount of \$1,000-\$2,500 are issued to children of service members killed in Operation Enduring Freedom/Operation Iraqi Freedom.

Application Information:

The application is completed through the respective Armed Forces Casualty Offices. The Casualty Assistance Calls Officer should have all pertinent information regarding this process.

Marine Corps-Law Enforcement Association

The Marine Corps Law Enforcement Association provides scholarship educational bonds to children of Marines whose parent was killed in the line of duty. Also, mentally or physically disabled children of an active duty Marine may receive financial aid for medical equipment or tutoring, above their insurance coverage.

Contact: Telephone: Pete Haas, President
Bob Tait
1-877-606-1775
E-mail: www.mclef.org

Services Provided:

Children: The Marine Corps Law Enforcement Association works the Casualty Branch, HQMC and the assigned Casualty Assistance Calls Officer in order for the Primary Next Of Kin to complete the required application form and a DD1300, so funds can be made available to the children. Scholarship bonds in the amount of \$20,000 will be issued for each eligible child for the purpose of education, issued in the child's name with parent/legal guardian as custodian.

Application Information:

The application is completed through the respective Armed Forces Casualty Office. The Casualty Assistance Calls Officer should have all pertinent information regarding this process.

Marine Corps League

The Marine Corps League is a non-profit veterans/military service organization and was formed for the purpose of promoting camaraderie and assistance to Marines, as well as to their widows and orphans; and to preserve the traditions of the Marine Corps. Sponsored programs include Young Marines, MCL foundation, Youth Physical Fitness Program, and Marine of the Year Society.

Contact: Telephone: Brooks Corley
1-800-625-1775/703-207-9588
E-mail: mcl@mcleague.org

Services Provided:

Children: Scholarships (up to 4 years) are granted to qualified applicants who are pursuing full time undergraduate or technical training at a recognized institution. Children, Grandchildren, Great Grandchildren of Marines who have lost their lives in the line of duty are eligible to apply.

Application Information:

The Marine Corps League National Scholarship Application for 2004 must be completed mailed no later than July 1, 2004. The mailing address is: Marine Corps League national Headquarters
P.O. Box 3070
Merrifield, VA 22116-3070

Marine Corps League National Scholarship Committee

2004

Dear Applicant:

Welcome to the Marine Corps League National Scholarship Page... We have altered the application and reduced the amount of information that had been requested in the past. You are no longer required to submit:

- (1) Letter from High School or College Administration stating your abilities or their recommendations.
- (2) Transcript of your grades.

If you are granted a scholarship, you will be notified by mail before Sept 1st. At this time you are required to send proof of enrollment for 2004 to the Scholarship Chairman by November 1st. If all of your paperwork is in order, your name will be submitted to the National Adjutant Paymaster to issue a check in your favor. It is your total responsibility to make sure that all phases of the Application are Completed and Signed and that the Sponsorship Section is Completed and Signed with the proper Detachment / Unit Identification and Address enclosed. The Application will not be considered if this information is excluded. The applications that are sent to us incomplete, will not be returned.

On behalf of the Marine Corps League and the National Scholarship Committee, we wish you luck in your educational pursuits.

Semper Fidelis
V.H. Voltaggio

SCHOLARSHIP PURPOSE, ELIGIBILITY, & REQUIREMENTS

PURPOSE - To grant Scholarships to qualified applicants who are pursuing full time undergraduate or technical training at a full time recognized institution. These may be awarded for four (4) years maximum (does not have to be consecutive years).

ELIGIBILITY - Children, Grandchildren, Great Grandchildren and Step Children of a Marine Corps League or Auxiliary member in good standing.

(1) Children of Marines who have lost their lives in the line of duty.

(2) Members of the Marine Corps League, or Auxiliary in good standing or honorably discharged Marines in need of rehabilitation training not provided by government programs.

DEFINITION: NEW APPLICANT - The applicant has never been awarded a Marine Corps League Scholarship on the National level.

DEFINITION: RENEWAL APPLICANT - The applicant is a prior recipient of a Marine Corps League Scholarship on the National level.

ALL NEW AND RENEWAL APPLICANTS MUST COMPLY WITH THE FOLLOWING: -

(1) COMPLETE AND SIGN the enclosed application and ensure all of the supporting documents are enclosed in a single packet.

(2) If you are selected, you will be required to show proof of enrollment for 2004.

(3) Ensure that the SPONSOR has completely filled out their section of the attached application and have affixed the required signatures. THIS IS VERY IMPORTANT. The application will not be processed without this compliance.

(4) Incomplete applications WILL NOT BE CONSIDERED nor will they be returned for completion.

ALL APPLICANTS MUST SATISFY THE BELOW LISTED REQUIREMENTS: -

(1) All Packets must be postmarked by July 1 each year.

(2) All Packets MUST BE COMPLETE. Do not staple documents together.

(3) Letters of recommendation ARE NOT REQUIRED nor will be considered.

(4) Eligibility and Compliance will be strictly observed by the Committee.

(5) DECISIONS by the Scholarship Committee are final.

(6) Applicants will be notified of AWARD or NON-AWARD by the Committee Chairman on or before September 15th.

ALL SPONSORS MUST MEET THE FOLLOWING REQUIREMENTS: -

(1) Insure that they are a member in good standing in the Marine Corps League or Auxiliary.

(2) Must provide all of the sponsors data on the application as noted.

(3) If the Commandant/President of the Detachment/Unit is the sponsor, the Detachment Senior Vice Commandant or the Unit Vice President must approve the eligibility requirement.

(4) The Commandant/President and Paymaster must ensure that the sponsors are eligible.

(5) Provide the Detachment or Unit name, number and address. "IMPORTANT". - Must Have Address

Mail the Packet to: MARINE CORPS LEAGUE NATIONAL HEADQUARTERS
P.O. BOX 3070
MERRIFIELD, VA 22116-3070

Marine Corps League National Scholarship Committee

AS YOU COMPLETE THE APPLICATION PLEASE INITIAL THE BOX TO
THE LEFT OF THE COMPLETED PHASE-----

☐

-APPLICANT INFORMATION

☐

-SPONSORS INFORMATION

☐

-DETACHMENT CERTIFICATION

☐

-ALL SIGNATURES THAT ARE REQUIRED

☐

-MAKE SURE ATTACHMENT ADDRESS IS INCLUDED - MUST HAVE ADDRESS!
WHERE DETACHMENT
MAIL IS RECEIVED!

When you complete every phase of the application process, make sure that every part of the application that requires a SIGNATURE or ADDRESS is included.



Marine Corps League National Scholarship Application - 2004

Must be Typed or Legibly Printed

Please Check one "NEW" _____ "RENEWAL" _____ DATE: _____

Name: Last _____ First _____ Mi _____ Date of Birth: _____

Address: Number & Street _____ Apt # _____

City: _____ State: _____ Zip + 4: _____

Telephone # _____ Social Security # _____ - _____ - _____

Name of College

Technical School

University: _____

Year Starting Fall Semester: 1 2 3 4 Circle One

Applicants Signature: _____

Sponsor Eligibility

"This part is to be completed, verified and signed by the indicated Detachment or Unit Officer. In the event that the applicant is related to the indicated Officer, the Senior Vice Commandant or Vice President will sign in their stead".

Relationship to Applicant, Check one: Father _____ Mother _____ Grandparent _____ Member is Applicant _____

Sponsors Name: Last _____ First _____ Mi _____

Membership# _____

PLM # _____

Dues Date: _____

IMPORTANT!!!

DETACHMENT OR AUXILIARY UNIT CERTIFICATION (MUST BE SIGNED)

The Paymaster listed below certifies the member / sponsor is in good standing.

Paymaster: _____ Paymaster Signature: _____ Date: _____

I, the Commandant / President(or Designee) of Detachment or Unit _____ certify that the member is qualified to sponsor _____ for a Marine Corps League National Scholarship.

Print Name of Commandant or Unit President or Designee: _____

Signature of Commandant or Unit President or Designee: _____ Date: _____

Detachment or Auxiliary Unit Name: _____

Detachment or Auxiliary Unit Address: _____

↑ * is Required!!!* ↑
for Processing Application

Marine Corps Scholarship Foundation

The Marine Corps Foundation is a non-profit, tax exempt corporation of volunteer men and women dedicated to providing financial assistance in the form of scholarships for higher education to deserving sons and daughters of United States Marines and children of former Marines with particular attention being given to children whose parent was killed or wounded in action.

Contact: Bob Tilley
Chairman, San Diego Chapter
Telephone: 728-0139
1354 Sunny Heights Rd.
Fallbrook, CA 92028

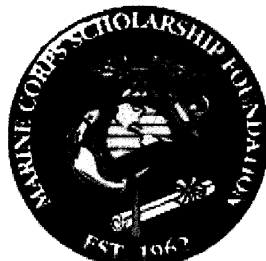
Services Provided:

Children: One year scholarships, not to exceed \$2,000, awarded annually, and limited to undergraduate studies at accredited educational/technical institutions. Awards are limited to a total of four. Children of active duty/reserve Marines, Navy Corpsmen who served with Marines, honorably discharged Marines/Navy Corpsmen, and Marines/Navy Corpsmen who were killed while serving in the Marine Corps are eligible to apply. A special combat scholarship fund has been established in the amount of \$10,000 to assist children of Marines and Sailors serving with Marines killed in action with educational needs.

Application Information:

The application submission for academic year 2004-2005 has passed. Applications forms for the 2005-2006 academic year will be available in January, 2005. Eligibility requirements are included with Foundation description.

Marine Corps Scholarship Foundation
P.O. Box 3008
Princeton, NJ 08543-3008
Phone: (800) 292-7777
Fax: (609) 452-2259
E-Mail: mcsf@marine-scholars.org



Marine Corps Scholarship Foundation
121 S. Saint Asaph St.
Alexandria, VA 22314-3119
Phone: (703) 549-0060
Fax: (703) 549-9474
E-Mail: mcsf@attglobal.net

DONATE NOW

The submission deadline for the 2004-2005 academic year was April 1, 2004.

ACADEMIC YEAR 2005-2006

**VISIT THIS PAGE AGAIN IN JANUARY 2005.
THE NEW APPLICATION FORMS FOR THE 2005-2006
ACADEMIC YEAR WILL BE AVAILABLE TO
DOWNLOAD.**

The Marine Corps Scholarship Foundation is a non-profit, tax exempt corporation of volunteer men and women. The foundation provides financial assistance in the form of scholarships to deserving sons and daughters of current or former United States Marines, and to deserving sons and daughters of current or former United States Navy Corpsmen who have served with the United States Marine Corps, in their pursuit of higher education. In addition, the 4th Marine Division Association of World War II, the 6th Marine Division Association, and the 531 Gray Ghost Squadron offer scholarships to grandchildren of their members. The Marine Corps Scholarship Foundation administers their scholarship programs.

THE DEADLINE IS APRIL 1, 2005. All information and documentation must be postmarked not later than April 1, 2005.

ELIGIBILITY

One-year scholarships are awarded annually and are limited to undergraduate studies at accredited educational/technical institutions. Scholarships are not automatically renewable. Current scholarship recipients must reapply for each successive year. The Marine Corps Scholarship Foundation will grant no more than four annual scholarships to a recipient. The Marine Corps Scholarship Foundation may award scholarships to all eligible children in the same family.

Applicants must be:

The son/daughter of one of the following:

- An active duty or reserve U. S. Marine
- A U.S. Marine who has received an Honorable Discharge, Medical Discharge, or was killed while serving in the U.S. Marine Corps
- An active duty or reserve U.S. Navy Corpsman who is serving, or has served, with the U.S. Marine Corps
- A U.S. Navy Corpsman who has served with the U.S. Marine Corps and has received an Honorable Discharge, Medical Discharge, or was killed while serving in the U.S. Navy

OR

The grandchild of one of the following:

- **A U.S. Marine who served with the 4th Marine Division during World War II and is/was a member of their association**
- **A U.S. Marine who served with the 6th Marine Division during World War II and is/was a member of their association**
- **A U.S. Marine who served in the 531 Gray Ghost Squadron and is/was a member of their association**

AND

A high school graduate, or registered as an undergraduate student at an accredited college or post high school vocational/technical institution

AND

Scholarships are targeted at eligible applicants from families with a maximum adjusted gross income of \$61,000 or less. The limit increases if siblings also apply. For the purpose of determining eligibility, non-taxable allowances (such as BAH) received by military members on active duty are NOT included in determining adjusted gross income.

INSTRUCTIONS**1. FAMILY FINANCIAL INFORMATION:**

All applicants must complete a form called the **Free Application for Federal Student Aid (FAFSA) for 2005-2006. Apply as soon as you can after January 1, 2005.** The FAFSA collects financial and other information that is required by most colleges, universities and vocational/technical schools in order to apply for aid. You can complete the **2005-2006 FAFSA** electronically. This is the fastest way to apply for financial aid. Visit their web site at www.fafsa.ed.gov. A paper **FAFSA** is available from high school guidance offices, libraries, college financial aid offices, or from the Federal Student Aid Information Center (1-800-4-FED-AID). **On the form do not list our name to have the information sent to us automatically.** We do not have a federal code number. Once you have submitted the **FAFSA** you will receive a **Student Aid Report (SAR) which includes student ID number, EFC and DRN numbers. YOU MUST SUBMIT ALL PAGES OF THE SAR REPORT (which includes these numbers) with this application.** You must submit a **signed copy of the 2004 income tax return** of your parents. You must submit documentation showing non-taxable income. If you are independent as defined by Federal Student Aid, you must submit your 2004 income tax return and documentation showing non-taxable income. If you are independent you do not need to submit the financial information of your parents. Grandchildren applying under the 4th Marine Division, the 6th Marine Division, or the 531 Gray Ghost Squadron must submit their parents' financial information. This foundation exists to help Marines and former Marines put their children through college. In order to determine the degree of need, it is essential to know the parents' ability to financially assist their children. Therefore, in the case of divorced/separated parents, even if you are not receiving financial support from one parent, you are still required to submit the tax returns of both parents.

2. CERTIFICATE OF SERVICE:

If your parent is on active duty, submit a written statement of service on official letterhead and signed by the Adjutant, Personnel Officer, XO, or CO of the unit or organization.

If your parent is a former Marine or Sailor, submit a copy of your parent's **Honorable Discharge** from the **United States Marine Corps or United States Navy** or a copy of your parent's **Form DD214 (Certificate of Service)**. Note: The DD214 must show the **"character of service"**.

Grandchildren applying under the 4th Marine Division or the 6th Marine Division must submit a copy of their grandparent's Honorable Discharge.

If you are also on active duty you must submit a signed, written statement of service on official letterhead. If you have been discharged from the Armed Forces you must submit a copy of your DD214, or other official evidence of an Honorable Discharge.

3. SCHOLASTIC RECORD:

Submit transcripts from high school and from all colleges attended. Transcripts must show student's name and social security number. The scholastic records must be included with your application. Do not mail separately. Do not have schools mail separately. Repeat MCSF recipients do not need to send high school transcripts again, but must send their latest college transcripts.

4. ESSAY:

First time applicants: Submit a 250 - 300-word essay on the following question: What is the most valuable lesson you have learned and who was responsible for teaching it? **Repeat MCSF applicants:** Submit a 250 - 300-word essay on the following question: Describe your most meaningful achievements and how they relate to your field of study and your future goals. **All applicants:** You must sign and date your essay.

5. PHOTOGRAPH:

Pictures of scholarship winners will be included in the Marine Corps Scholarship Foundation Yearbook, and may be displayed on our web page or in other Marine Corps Scholarship Foundation materials. Submit a photograph (nonreturnable) of yourself suitable for reproduction. A full-face print is preferred. Print your name and address on the back of the photograph. Do not staple it to the application. Former foundation scholarship recipients must send a new photograph.

EXPLANATIONS / SPECIAL CIRCUMSTANCES:

On a separate sheet, submit an explanation of any unusual expenses, such as high medical expenses, elder care, or special conditions that you believe should be taken into account by the scholarship committee. Any additional information relative to your application which would be of assistance in our evaluation should also be submitted.

DEADLINE FOR SUBMISSION: April 1, 2005

Your complete application with all supporting documents must be postmarked not later than April 1, 2005. **It must be mailed to the Marine Corps Scholarship Foundation, Inc., PO Box 3008, Princeton, NJ 08543-3008.** Applications postmarked after April 1 will not be considered. All information and required documents must be submitted as a **complete package in one envelope**. It is imperative that all questions be completed and that the **Certification be signed and dated by the applicant and a parent**. The scholarship committee will not consider incomplete applications.

DO NOT BIND, STAPLE, CUT OR USE FOLDERS WHEN SUBMITTING YOUR APPLICATION.

NOTIFICATION:

All applicants will be notified whether or not they have been awarded a scholarship by June 30, 2005.

Information on how to obtain copies of military records is available on the Internet. Go to www.nara.gov or www.defenselink.mil or contact your local U. S. representative or your U. S. senator for assistance.

**VISIT THIS PAGE AGAIN IN JANUARY 2005.
THE NEW APPLICATION FORMS FOR THE 2005-2006
ACADEMIC YEAR WILL BE AVAILABLE TO
DOWNLOAD.**



Nice Guys Victory Funds

The Good Guys is a volunteer organization that provides financial assistance to Marines/Sailors and their families, as well as other families in need. This organization's goal is to get people back on their feet and become self-sufficient. Nice Guys is strictly a non-profit charitable organization with no paid staff.

Contact: Nice Guys of San Diego, Inc.
P.O. Box 881456
San Diego, CA 92168
Telephone: (858) 597-9397

Donations: Nice Guys
c/o Col Jack Kelly
1733 Caliban Drive
Encinitas, CA 92024
Checks made out to: Nice Guys Victory Fund

Services Provided:

Marines/Sailors, Families: The Good Guys have established a Victory Fund with funds donated for the specific purpose of providing financial assistance and/or items needed for Marines/Sailors and their families.

Application Information:

To request financial assistance, please submit a letter stating your current financial situation, the amount of money needed, your address, and a telephone number where you can be reached. Please be advised that it may take 1-3 months to process- your request.

Operation Family Fund

The Operation Family Fund provides financial assistance to eligible family members of military and civilian personnel who have died or have been severely injured while serving their country as a result of Operation Enduring and Iraqi Freedom both domestically and aboard.

Contact: Telephone: Mike Cash
(760) 793-0541
E-mail: support@oeffamilyfund.org

Services Provided:

Spouses, Children: This organization provides financial assistance in the form of grants that can be used for food, utilities, rent, emergency transportation and vehicle repair, funeral expenses, legal expenses, medical/dental expenses, assistance with a home rental, lease, purchase or home improvements or assistance with the purchase, rent, or lease of a vehicle. Grants above \$20,000 in a year shall be placed in a trust and distributed monthly from the Trust to the member or member's family. This organization also provides scholarships for continuing education, including trade schools. Scholarships, up to \$100,000 for each eligible member or member's family, for post-secondary educational purposes, including trade schools, and scholarships, up to \$50,000 for pre-secondary educational purposes including daycare, private schooling, home schooling, and public schooling, may be awarded.

Application Information:

Application form must be completed and mailed to:
Operation Family Fund
United States Post Office Box 837
Ridgecrest, CA 93555

OPERATION FAMILY FUND GRANT FORM REQUEST

Name of Applicant: _____

SSN: _____

DOB: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Day Phone: _____

Evening Phone: _____

Email Address: _____

Name of Military Casualty Assistance Officer or Social Worker: _____

Address: _____

State: _____

ZIP Code: _____

Day Phone: _____

Email Address: _____

PURPOSE OF REQUEST: Please list what the funds are to be used for.

Military Life Insurance: Amount \$ _____

Beneficiaries of Life Insurance: (List Names and Relationships to the Soldier):

Military VA Benefits: Monthly Amount \$ _____

Social Security Benefits: Monthly Amount \$ _____

Other Benefits Available To Family:

Life Insurance\$ _____

Social Security\$ _____

Charities\$ _____

Other\$ _____

If Other Please Specify: _____

NAME OF SOLDIER: _____

**APPLICANTS RELATION TO
SOLDIER:** _____

DOD Affiliation: ___ Air Force ___ Army ___ Coast Guard ___ Marines ___ Navy ___
Civilian _____

Rank/Grade: _____

**Please attach a copy of the death certificate or military notification of loss if
submitting a request for a soldier killed in the line of duty.**

**If your request is for a soldier who was disabled as a result of injuries received
fighting the war on terrorism please provide a copy of the doctors evaluation and
prognosis. Provide a copy of the soldiers DOD Identification and if the has been
discharged provide a copy of the soldiers discharge papers.**

Please Mail all information to:
Operation Family Fund
United States Post Office Box 837
Ridgecrest, CA. 93555

Privacy Statement:
**Operation Family Fund respects your privacy and will not sell, trade, share or
otherwise make available your confidential information with anyone outside of
Operation Family Fund, except those agencies required to assist in providing our
services to you and in those instances where such disclosure is required by law.
Operation Family Fund will use your personal information only in the performance
of duties related to providing you the services you have requested.**

For Operation Family Fund Use Only

Request # _____

Amount Funded \$ _____

Date _____

Approved

Signature

Signature

The Tragedy Assistance Program for Survivors, Inc.
(TAPS)

TAPS is a national, non-profit organization made up of, and providing services to, those individuals who have lost a loved one while serving in any branch of the Armed Forces.

Contact: Telephone: 1-800-959-8277 (24/7 hotline)

E-mail: help@taps.org

Services Provided:

Service Members, Families: This is a national survivor peer support network. The network tries to match new survivors with individuals and families that are further along in the grief process. It also offers grief counseling referrals; caseworker assistance and crisis information, all available to help families and military personnel cope and recover.

North County Honor Campaign

The North County Honor Campaign was established to provide assistance to the families of local Marines and other local service members who have died in support of operation Iraqi Freedom. A fund has been established to purchase U.S. Savings Bonds to assist with each child's educational needs. All donations will be sent to the Camp Pendleton Armed Services YMCA, which will administer the campaign fund.

Contact: George Brown, Executive Director
Camp Pendleton Armed Services YMCA
Telephone: (760) 385-4921
E-mail: gbrown@camppendletonasymca.org

Services Provided:

Children: Each child will receive a \$15,000 face-value U.S. Savings Bond for application towards educational costs.

Application Information:

Mr. George Brown will contact the Casualty Assistance Calls Officers of Marines killed in action and process the savings bonds through them.